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CONFIRMATION NO. 1299

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/553,007	08/07/2006 RULE	623	3773	0518-1161		
<b>APPLICANTS</b> Claude Mialhe, Draguignan, FRANCE; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR04/50118 03/22/2004 <b>** FOREIGN APPLICATIONS *****</b> FRANCE 0350096 04/10/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/27/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/JING OU/</u> <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> YOUNG & THOMPSON 209 Madison Street Suite 500 ALEXANDRIA, VA 22314 UNITED STATES						
<b>TITLE</b> Device for placing a vascular implant						
<b>FILING FEE RECEIVED</b> 580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			